

| POSITION | INITIALS | ID NO. | DATE |
|---------------------|----------|--------|----------|
| FEE DETERMINATION | AS | | 10-23-99 |
| O.L.P.E. CLASSIFIER | | 8 | 10-28-99 |
| FORMALITY REVIEW | SB | #00033 | 11-8-99 |

INDEX OF CLAIMS

✓ _____ Rejected
 ○ _____ Allowed
 (Through numeral) Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

| Claim | Date |
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If more than 150 claims or 10 actions
 staple additional sheet here

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